

CSE Harmful Elements Analysis Tool

Analysis of *HIP Teens* (*Health Improvement Project for Teens*)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15

HIP Teens (Health Improvement Project for Teens) contains 12 of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This program is intended for use in a community setting, not in schools. It is a risk reduction program and spends very little, if any, time encouraging abstinence. Youth are instead taught to make safer sexual choices. For example, unprotected oral sex is a safer decision than unprotected vaginal or anal sex. Condom use is taught in detail using penis models. The female condom and dental dam are also discussed and demonstrated. Youth are also taught how to obtain consent for sexual activity.

Target Age Group: Teens and Young Adults

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“When a person has HIV, HIV is found in certain fluids in that person’s body. The main fluids that carry HIV are blood, semen/cum (fluids from a man’s organism [sic] or ejaculations), and vaginal fluids (wetness from a women’s vagina). Any behavior that allows a person’s blood, semen, or vaginal fluids to get inside another person’s body is considered risky.” (Facilitator Manual, p. 10)</p> <p>“Vaginal sex is: when a man puts his penis inside a women’s vagina. Some people call this ‘making love’.” (Facilitator Manual, p. 11)</p> <p>Card Swap Activity – “Pass out 1 set (4 cards) to each person, including to one facilitator. Each person can receive any combination of colors, except one person (not facilitator) should be given the safe set (ex. only yellow or green cards). Another set needs will include [sic] only ‘risk’ colors (ex. only red or orange cards).</p> <ul style="list-style-type: none">• Ask the group members and facilitator to write their names on all 4 of their cards, using the stickers. Tell the group members that when you say ‘swap’, everyone will introduce themselves to another person and trade a card of the same color with someone else. (So they should have a card of the same color with the other person’s name on it.)• Have everyone stand up and move around.• Do swaps several times, moving around with each swap and finding a new partner for each swap. Make it clear to the group members that they should only give away cards that have their own names on them and only exchange cards with the same person once.

- After everyone has exchanged all their cards, ask them to go back to their seat. If anyone still has cards with their own name on it, but there is no one else to swap with, they can still return to their seat.
- Explain to them **each card color represents some type of risky behavior...**
- For example: Red – Unsafe sex. Orange – Sharing dirty needles. Yellow – Safer sex. Green – Touching, kissing, or talking.
- **The facilitator should serve as the HIV infected example** and stand up in front and tell the group: ‘For the purpose of this game, let’s say I am HIV-positive at the beginning of the swap.’
- Ask all the people who have the name of the person with HIV to stand along with them.
- ‘Now let’s see who is most likely to be infected. These people who just stood up, if they had sex or shared dirty needles with someone carrying the HIV virus, are now infected. Those with yellow or green cards with the person’s name **shared safe behaviors with me** and are not infected...’
- There was only one person in the group that did not get infected with HIV during the Card Swap – this is because they used protection.” (Facilitator Manual, pp. 12-13)

***Note:** It is highly inappropriate to have minors play any game where they symbolically engage in high-risk sexual behaviors with each other. This activity takes it to another level by insinuating that youth engaged in sexual activity with the HIV-infected facilitator.*

“Let’s review the ways you can be infected with HIV. Think about what happened during the card swap. Did you contract HIV? If so, how? **Sex without a condom or dental dam** and sharing needles. There is one other way – a pregnant women with HIV can give HIV to her baby during pregnancy or while breastfeeding.” (Facilitator Manual, p. 16)

“Last time we agreed that one way to get HIV or STIs was to have sex without a condom. We also talked about different kinds of sexual behaviors. We talked about oral sex, vaginal sex, and anal sex. But **there are many other kinds of sexual behaviors or sexual expressions** that we did not talk about. We know that some sexual behaviors are more risky for getting HIV than other sexual behaviors.” (Facilitator Manual, p. 23)

“Facilitators ask group members to name a possible green light behavior.

1. **Sex with one person that does not have sexual diseases**
2. Kissing
3. No sex
4. **Masturbation** – define
5. Backrubs
6. Other ideas from group members

So, these are things you can do without risk!” (Facilitator Manual, p. 26)

“When the light is YELLOW, it means we should proceed with caution. This means that the sexual activities are lower risk, so there is some risk of getting HIV. But, as long as you are careful, and pay attention, it is usually safe to go ahead. If you are going to have sex, these are things you can do to make it less risky. Paying attention might mean being sure to use a condom correctly! What are those behaviors?

1. **Touching a man’s penis until orgasm** [This is ‘yellow’ because there’s contact with bodily fluid that can infect. But the risk is fairly low. Anytime there is contact with bodily fluid needs caution because you’re exposed to more risk.]
2. **Vaginal sex with a condom**
3. **Anal sex with a condom** (see note below on lubricants)
4. **Oral sex without a condom** (or other barrier protection)
5. Other ideas from group members.” (Facilitator Manual, p. 26)

***Note:** Activities like this where youth are given cards with statements about sex serve to break down inherent standards of modesty and desensitize students to sexual things.*

“So, what I hear you saying is that **you’re uncomfortable with trying condoms** with your partner, but you’re wondering if you should.” (Facilitator Manual, p. 32)

“So, you said that you are much **more relaxed if you use a condom** and can have more fun you’re your [sic] partner.” (Facilitator Manual, p. 32)

“Remind the group members about their healthy choices menu. Talk about other, **safer sexual activities...** For instance, facilitators can mention:

- **Limiting sexual partners (few to one)**
- Asking their partner about their HIV status and testing
- Asking their partner about STI testing
- Talking to their partner about condoms
- **Negotiating condom use** or refusing to have sex without protection
- Avoiding sex rather than having risky sex
- **Having oral sex or masturbation**
- Abstaining from sex
- **Avoiding drugs and alcohol before and during sex**
- Using condoms for vaginal or anal sex
- **Carrying condoms just in case they have sex**
- Avoiding situations that might lead to risky sex” (Facilitator Manual, pp. 32-33)

“We are going to watch video clips for this activity. While we play the video clips we want you to think about **when the main character could bring up the issue of safer sex...** If you feel there is a good point to stop the movie **before the situation gets too heavy or unsafe** then you’ll tell the remote controller to stop the video with the remote. At that point we will discuss what advice you would

give to the characters for handling the situations. It's okay to disagree.” (Facilitator Manual, p. 37)

“Scenario 1: A new boy at your school wants a friend of yours to come over to his place after school. Description: Your friend has talked with a new boy in school a few different times, and she feels like she is getting to know him. She wants to be alone with him to talk, but she doesn't want to have sex until she is ready. He says: ‘My place is a few blocks from here. Let's walk over there so we can be alone.’ Your friend goes with him, and then **she has sex with him without a condom** because they didn't have one.” (Facilitator Manual, p. 43)

“Possible scenario/roleplay, if no one has a situation to share: You're bored or lonely. You call an ex, because you just want company. You don't want to have sex, but you know they might want to have sex. Then you end up alone with them and **aren't prepared for safer sex.**” (Facilitator Manual, p. 79)

2. TEACHES CHILDREN TO CONSENT TO SEX

May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.

Note: “Consent” is often taught under the banner of sexual abuse prevention.

“**Consent should be first and foremost in the discussion on sex.** Many times, this subject is briefly discussed or completely left out despite being key to health relationships and **risk reduction behavior.** The conversation about consent needs to include the following points and room for participant discussions as this topic can be confusing.” (Facilitator Manual, p. 17)

“What is Consent?

- **Agreement between two people to have sex with each other** (any sexual behavior)
- Continuous and enthusiastic
- Mutually communicating what you want and do not want throughout
- Giving consent without pressure; respecting ‘yes’ and ‘no’
- Consent should be given every single time” (Facilitator Manual, p. 17)

“**Dos and Don'ts of Consent:**

- DO communicate your needs and concerns all the time
- DO respect your partner when they say ‘no;’ the absence of a ‘yes’ does not mean ‘yes’
- DO continually ask your partner about their comfort level, their feelings, and how they want to proceed
- DON'T assume your partner wants to have sex or ‘hook up’ because of their gender, behavior, history, what they are wearing, etc.
- DON'T assume you have consent when your partner has been using drugs or alcohol, you cannot give consent under the influence
- DON'T pressure your partner into saying ‘yes;’ this is NOT consent
- DON'T guilt your partner into saying ‘yes;’ this is NOT consent
- DON'T ignore your partner's requests; these may be verbal or non-verbal (pushing you away, not wanting to kiss, etc.)” (Facilitator Manual, p. 17)

“**Important Things to Remember:**

- Consent comes first; both people need to agree to have sex
- Consent should be continuous and enthusiastic

- Respect each other’s boundaries; it’s okay to say ‘no’
- No means NO; lack of a NO doesn’t mean YES
- Consent cannot be given if the person is using drugs or drinking alcohol
- Get consent EVERY time” (Facilitator Manual, p. 17)

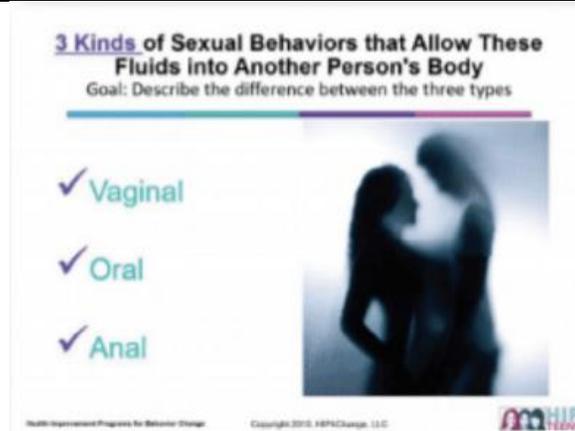
“Consent is an important part of the assertive statement. Remember to **obtain continuous and enthusiastic consent from your partner before sex** and vice versa.” (Facilitator Manual, p. 21)

“Please **remind and reinforce the concept of consent** with group members when going through the steps of condom use. Consent should always come first from both partners and should be talked about continuously. You may prompt students to **think about continued consent** by asking at different parts of the step if it is ok to stop to help reinforce that people can change their minds about sex at any time.” (Facilitator Manual, p. 45)

“Instruct the group members to indicate to stop the video when they see a point that the main character could/should intervene and **make a statement about what he/she wants and doesn’t want to do sexually.**” (Facilitator Manual, p. 58)

3. PROMOTES ANAL AND ORAL SEX

Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.



(Facilitator Manual, p. 10)

“When the light is YELLOW, it means we should proceed with caution. This means that the sexual activities are lower risk, so there is some risk of getting HIV. But, as long as you are careful, and pay attention, it is usually safe to go ahead... What are those behaviors?

1. Touching a man’s penis until orgasm [This is ‘yellow’ because there’s contact with bodily fluid that can infect. But the risk is fairly low. Anytime there is contact with bodily fluid needs caution because you’re exposed to more risk.]
2. Vaginal sex with a condom
3. **Anal sex with a condom** (See note below on lubricants)
4. **Oral sex without a condom** (or other barrier protection)
5. Other ideas from group members” (Facilitator Manual, p. 26)

“Note on **anal sex with a condom** and using lubricant:

	<ul style="list-style-type: none"> • First, remember that unprotected anal sex is in the RED area. • About protected anal sex: <ul style="list-style-type: none"> ○ Use a non-oil-based lubricant because the rectal area is much drier and tighter than the vagina, so the condom can break ○ Anal sex causes irritation and bleeding” (Facilitator Manual, p. 26) <p>Note: The FDA has only approved one condom for anal sex, a fact that is not mentioned in this program.</p> <p>“Safer Sex Behaviors Continuum</p> <ul style="list-style-type: none"> • Riskiest: Anal sex • Risky: Vaginal sex • Least risky: Oral sex” (Facilitator Manual, p. 27) <p>“Does anyone know why it is important not to touch the penis to the mouth, vagina, or anus at all unless there is a condom on it? Explain that a long time before a male ejaculates a drop of liquid (or pre-cum) forms on the head of the penis. This liquid can contain sperm, HIV, or other STIs.” (Facilitator Manual, p. 47)</p> <p>Potential goal students may have for safer sex: “Only having oral sex (instead of anal or vaginal)” (Facilitator Manual, p. 50)</p> <p>“If the group members are unable to generate ideas, facilitators might suggest that the first step could be to talk to one of their partners about using a condom the next time they have anal sex.” (Facilitator Manual, p, 51)</p> <p>“They can assess their use of any safe sex practices (abstinence, unprotected oral sex instead of vaginal or anal, etc.)” (Facilitator Manual, p. 63)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>No evidence found.</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a “right” to</i></p>	<p>“Using condoms – Addressing Drawbacks</p> <ul style="list-style-type: none"> • Cost – Available free • Reduces spontaneity – Prolongs foreplay

<p><i>sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<ul style="list-style-type: none"> • Partner doesn't like it – Lots of options (flavored, ribbed, heated, female condom) • Reduces sensation – Sex lasts longer • Could break – Not often if used correctly • Embarrassing to talk to a partner about it – Improves relationship through better communication” (Facilitator Manual, p. 35) <p>“Remember to counter all ‘not good’ ideas about condom use, for example, use non-oil-based lubrication to increase sensation.” (Facilitator Manual, p. 35)</p> <p>“You talked about some ‘not good’ things about condoms, but you also said that you like that you don't have to be scared about HIV, that condoms make sex last longer and that you feel good about yourself for staying healthy.” (Facilitator Manual, p. 35)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“Facilitators ask group members to name a possible green light behavior.</p> <ol style="list-style-type: none"> 1. Sex with one person that does not have sexual diseases. 2. Kissing 3. No sex 4. Masturbation – define 5. Backrubs 6. Other ideas from group members <p>So, these are things you can do without risk!” (Facilitator Manual, p. 26)</p> <p>“Remind the group members about their healthy choices menu. Talk about other safer sexual activities that might help them to get to a higher number. For instance, facilitators can mention: ...Having oral sex or masturbating” (Facilitator Manual, pp. 32-33)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>“What we'd like to do now is for each of you to think about how likely you are currently to use condoms and other safe behaviors. We have a ruler on the floor numbers from 0-10, where 0 is ‘Very Unlikely’ and 10 is ‘Very Likely.’ Please put a sticker on the number that best describes how likely you are to be using condoms and practicing safer sex now.” (Facilitator Manual, p. 31)</p> <p>“So, you said that you are much more relaxed if you use a condom and can have more fun, you're your [sic] partner.” (Facilitator Manual, p. 32)</p> <p>“So what we have done is use the HIPTeen ruler to think about and discuss strengths and challenges of using condoms. Some of you have had a chance to discuss what makes it easy to use condoms and some of the hard things about using condoms. We can talk more about how to break down some of the barriers to using condoms!” (Facilitator Manual, p. 34)</p> <p>“Using condoms – Disadvantages</p> <ul style="list-style-type: none"> • Cost • Can reduce spontaneity

- Partner may not like it
- **Reduces sensation**
- Could break
- Embarrassing to talk to a partner about it.” (Facilitator Manual, p. 34)

“Using condoms – Advantages

- Safer from disease
- Safer from pregnancy
- Feel more responsible
- Easily available
- **Partner can stay hard longer”** (Facilitator Manual, p. 35)

“**Making Safe Sex Sexier: The Basics**

- Getting condoms: Check out the wide, fun selection of condoms, by yourself, with your friends or with your partner.
- Get familiar with condoms: **Play around with condoms by yourself** so you feel more confident when you are with your partner. Open it up, unroll it, smell it or taste it alone. You can also do this with friends.
- Try different kinds of condoms: **Condoms come ribbed, special patterns (like tuxedo), flavored, ones with appendages, twisted, warming ones, super thin ones**, latex-free in case you are allergic!
- Add a lubricant: Make sure you always use water-based or silicon-based lubricant (KY jelly, Astroglide)! Try adding a few drops of lubricant on the tip of the penis before rolling the condom on to provide extra sensation for him. Water-based warming lubricants enhance the sensation for both of you.” (Facilitator Manual, p. 36)

“More Thoughts:

- Leave a condom in a special place (where only your partner will find it) for an **invitation for sex**, the safe way.
- Put the condom on your partner yourself: Make it a part of foreplay.
- Add some flavor: Use flavored condoms or **use some edible gel.”** (Facilitator Manual, p. 36)

“**Bring out different types of condoms** (male, female). Provide information about the different types of condoms. **Identify differences in color, lubrication.** Color has nothing to do with safety, as long as it is a latex condom with no flavors.” (Facilitator Manual, p. 45)

“**Display female condom.** Also, when talking about female condoms, make sure to mention it’s good for people with latex allergies. Female condoms are made of polyurethane (which is strong and difficult to break) and it adheres to the walls of the vagina.” (Facilitator Manual, p. 45)

“Hand out condoms – **ask group members to open them, talk about how the condoms feel** and other sense of them [sic] (e.g., smell). Point out that these condoms do not have lubricant, but most condoms come with lubricant on

them. Have group members read off expiration dates.” (Facilitator Manual, p. 45)

“It is important here for the facilitators to assure group members that there are different ways that people react to discussing condoms (anxiety and/or embarrassment) and they are all normal. Facilitators should also **attend to non-verbal comfort with condoms and use humor to help put the group members at ease.**” (Facilitator Manual, p. 45)

“Let’s divide into two groups of four. Tear out the male and female condom cards found in your workbook. **These cards represent steps in proper condom use.** Your task is to put them in the correct order. Five cards are the steps of putting on a condom and three steps are the steps of taking off a condom. Please identify these steps.” (Facilitator Manual, p. 46)

“If the cards are not in the correct order at this point put them in the following order on the flip chart. Then talk about why it’s important to do some things before others.

1. Check expiration date.
2. Open package without tearing condom.
3. Unroll in the correct direction.
4. Pinch tip to get air out and leave sack of fluid.
5. **Unroll condom down to the base of the penis.**
6. Before erection is gone, hold base of penis and pull out.
7. Unroll condom from penis being careful not to spill any fluid.
8. Throw used condom away. (**Never use a rubber twice.**)” (Facilitator Manual, p. 46)

“Does anyone know why is it important not to touch the penis to the mouth, vagina, or anus at all **unless there is a condom on it?** Explain that a long time before a male ejaculates, a drop of liquid (or pre-cum) forms on the head of the penis. This liquid can contain sperm, HIV or other STIs.” (Facilitator Manual, pp. 46-47)

“Correct Condom Use: Putting It On

- Step 1: Check expiration date
- Step 2: Open package without tearing the condom
- Step 3: Unroll slightly to make sure it is unrolling in the right direction (rolled rim on the outside)
- Step 4: Pinch tip to get air out and leave space for fluid
- Step 5: **Unroll condom all the way to base of penis**” (Facilitator Manual, p. 47)

“Correct Condom Use: Taking It Off

- Step 1: **While penis is erect**, hold rim of condom around penis and pull out
- Step 2: After penis is out, **unroll condom from penis**, being careful not to spill fluid

- Step 3: Throw away condom, NEVER re-use” (Facilitator Manual, p. 47)

“Each member **practices putting a condom on a model** correctly and specific corrective feedback should be provided regarding proper and improper condom placement.” (Facilitator Manual, p. 47)

“Use diagrams to demonstrate the placement and **technique for inserting and removing the female condom**. Explain that it is like inserting a tampon without an applicator.” (Facilitator Manual, p. 48)

“Female Condom

- Some women = better sexual pleasure
- Outer ring **creates stimulation on the clitoris**
- Some men = sensation increased because it is thin
- **Can get warm during sex**
- May increase natural feeling
- Empowerment
- Latex allergies
- Guide your partner into the condom.” (Facilitator Manual, p. 48)

“Female condoms are available at drug stores and supermarkets for around \$3 **but are available at family planning clinics at lower cost**. Also, Medicaid will cover the cost of female condoms if a doctor writes a prescription.” (Facilitator Manual, p. 48)

“Female Condom – Putting It In

- Step 1: Open the package carefully.
 - Outer ring covers around the opening to the vagina
 - Inner ring used for insertion and holds in place during sex
- Step 2: Hold the inner ring (closed end of the female condom). Squeeze the inner ring with your thumb and middle finger so it is long and narrow.
- Step 3: Choose a comfortable position for insertion – squat, raise one leg, sit or lie down.
- Step 4: Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.
- Step 5: Place the index finger on the inside of the condom and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina.” (Facilitator Manual, p. 48)

“Female Condom – Taking It Out

- To remove: Twist the outer ring, gently pull it out.
- Throw the condom away (not in the toilet). NEVER re-use.” (Facilitator Manual, p. 49)

“Dental Dams

- Thin, square piece of latex

	<ul style="list-style-type: none"> • Used as a barrier between the mouth and the vagina/anus (oral sex) • Prevents the spread of disease • Condoms can be cut to make dental dam” (Facilitator Manual, p. 49) <p>“Dental Dam – Putting It On</p> <ul style="list-style-type: none"> • Open the package carefully. • Place the unflavored side of the dam on the outside of the vagina/anus. If possible, use water-based lubricant between the dam and outside of the vagina/anus to hold the dam in place.” (Facilitator Manual, p. 49) <p>“Dental Dam – Taking It Off</p> <ul style="list-style-type: none"> • Lift the dam off of the outside of the vagina/anus. • Throw away the dam (not in the toilet). NEVER re-use.” (Facilitator Manual, p. 49) <p>“Dental Dams – Do-It-Yourself</p> <ul style="list-style-type: none"> • Check the expiration date. • Open the package without tearing the condom. • Roll the condom out. • Cut the tip and the bottom band off. • Cut down one side of long sides [sic] of the condom and unfold the material.” (Facilitator Manual, p. 49) <p><i>Note: We tried following these instructions for turning a male condom into a dental dam and found that this should not be promoted to young people as a sufficient way to prevent the spread of STIs during oral sex. A condom is very difficult to cut as it is made from a stretchy material that is usually covered in sticky lubricant. Tears from the scissors were common, and the final product was a misshapen semi-rectangle that is significantly smaller than a traditional dental dam.</i></p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“During our group today, you may have decided not to have sex or to choose safer decisions. To become more comfortable using condoms, you could use something other than a real penis to practice this week (a banana or your two fingers, for example). IF you decide to have sex, go home and practice what we learned today.” (Facilitator Manual, p. 53)</p> <p>“The purpose of this section is for group members to generate goals for changing behavior and to have them start to think about making goals specific and broken down into smaller parts... They will probably come up with ideas like this:</p> <ul style="list-style-type: none"> • Talking to a partner about HIV • Going with a partner to get an HIV test • Only having oral sex (instead of anal or vaginal) • Finding out a potential partner’s HIV status before having sex with them • Avoiding triggers for less safe behaviors (e.g., alcohol, singles bars) • Always using a condom when having sex with someone other than my steady partner

	<ul style="list-style-type: none"> • Always using a new needle when shooting drugs (or clean with bleach) • Using a condom every time I have anal sex" (Facilitator Manual, p. 50)
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“This part is intended to strengthen group members commitment to healthier sexual choices that are right for them. Members are asked to think of ways to decrease risk for HIV. Facilitators encourage group members to think of any way that people can reduce their risk for HIV- Whether they themselves would choose these strategies or not.” (Facilitator Manual, p. 29)</p> <p>“Expect that group members will not suggest a wide variety of health choices. If group members do not suggest a variety of healthy choices, group facilitators are prepared to supplement their ideas with such choices as:</p> <ol style="list-style-type: none"> 1. Using condoms Abstinence Masturbation 4. Having one sexual partner (and that person only has sex with you) Talking with a partner about their sexual past and injection drug use HIV-testing Making sue to always ‘go out’ with a friend, and not alone. Having coffee or going out to eat in a public place as a first date. 9. Not drinking alcohol before sex Cuddling/kissing.” (Facilitator Manual, p. 29) <p>“What we’d like to do now is for each of you to think about how likely you are currently to use condoms and other safe behaviors. We have a ruler on the floor numbers from 0-10, where 0 is ‘Very Unlikely and 10 is ‘Very Likely.’ Please put a sticker on the number that best describes how likely you are to be using condoms and practicing safer sex now. You may be anywhere on the scale; - it’s okay if you are at 0 – please try to think of this as a safe space. Just try to do an honest assessment of where you are at.” (Facilitator Manual, p. 31)</p> <p>“Here are some things to think about as we watch the videos. What should they be concerned about before hooking-up? When should the characters start talking about safer sex methods?” (Facilitator Manual, p. 37)</p> <p>““Sometimes when people set high goals for themselves, they get overwhelmed because it seems too hard. One thing that you can do is break the big goal down into smaller goals that aren’t so overwhelming. You can be proud of yourself for making even a small step toward your goal. For example, if someone was doing a lot of behaviors in the red zone, like having unprotected anal sex and unprotected vaginal sex with a couple of partners, maybe their goal is to move out of the red and into the yellow and green. That’s a big goal that may take some time to reach. How could the person break it down into parts?’ If the group members are unable to generate ideas, facilitators might suggest that the first step could be to talk to one of their partners about using a condom next time they have anal sex.” (Facilitator Manual, pp. 50-51)</p>

	<p>“We are going to watch video clips for this activity. While we play the video clips we want you think to about when the main character could bring up the issue of safer sex, and that could be condom use, other sex behaviors besides vaginal sex or any of the other behaviors that we talked about on our red light green light activity.” (Facilitator Manual, p. 51)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Modifying Role Plays and Activities for Both Genders and LGBTQ+ Participants. Many of the role-playing scenarios and activities are portrayed from a female point-of-view but can be easily switched to a cisgender male, transgender, or non-binary point-of-view.” (Facilitator Manual, p. 2)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Birth control pills and LARCs are VERY effective in preventing pregnancy. For more information see the Birth Control Fact Sheet.” (Facilitator Manual, p. 14)</p> <p>“So what we have done is use the HIPTeen ruler to think about and discuss strengths and challenges using condoms. Some of you have had a chance to discuss what makes it easy to use condoms and some of the hard things about using condoms. We can talk more about how to break down some of the barriers using condoms!” (Facilitator Manual, p. 34)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p>	<p>No evidence found.</p>

<p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>No evidence found.</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Discuss the difference between anonymous vs. confidential testing.</p> <ul style="list-style-type: none"> • Anonymous testing – you never give your name. • Confidential testing – you give your name, and you are protected by confidentiality laws keeping the information private. However, laws in different states vary and sometimes there is mandatory reporting of positive tests.” (Facilitator Manual, p. 15)
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender</i></p>	<p>“Availability. Female condoms are available at drug stores and supermarkets for around \$3 but are available at family planning clinics at a lower cost. Also, Medicaid will cover the cost of female condoms if a doctor writes a prescription.” (Facilitator Manual, p. 48)</p> <p>“Hand out copies of the HIV Testing/Local Resource list to group members again to make sure they have information. A take home activity for this can be asking them to mark or highlight the resources that are nearest to where they live.” (Facilitator Manual, p. 66)</p>

hormones, STI testing and treatment, abortions, etc.)

Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.

(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatePPF.org)